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Abordagem do contexto de vida da criança na consulta de enfermagem

Approach of the child's life context in the nursing appointment

Abordaje del contexto de vida del niño en la consulta de enfermaría

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ABSTRACT

Objective: To analyze the actions developed by the nurses during the appointment related to the life context and the child's family environment in the perspective of promoting his/her health. **Method:** Qualitative descriptive study, conducted in four families health units of Cuiabá, MT, between January and February 2012, with four nurses who did the appointment to the child in a programmatic way. The data were collected through participant observation of 21 nursing appointments. The data were analyzed by content analysis of thematic type. **Results:** Two thematic categories emerged and revealed that the nurses considered punctually some life context's elements and the child's family environment during the appointments. **Conclusion:** The comprehension and the respect to the mother's and the child's ways of life and the non-association to the social and cultural context in which they are inserted are aptitudes that allow the child's attendance in a humanized and individualized way.

Descriptors: Child Care, Primary Health Care, Nursing, Environment, Life Style.

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RESUMO

Objetivo: Analisar as ações desenvolvidas pelos enfermeiros durante consultas relacionadas ao contexto de vida e ambiente familiar da criança na perspectiva de promover sua saúde. **Método:** Estudo descritivo qualitativo, realizado em quatro unidades de saúde da família de Cuiabá, MT, entre janeiro e fevereiro de 2012, com quatro enfermeiros que executavam consultas a crianças de forma programática. Os dados foram coletados por meio da observação participante de 21 consultas de enfermagem. Os dados foram analisados pela análise de conteúdo do tipo temática. **Resultados:** Emergiram duas categorias temáticas que revelaram que os enfermeiros consideraram pontualmente alguns elementos do contexto de vida e ambiente familiar da criança durante as consultas. **Conclusão:** A compreensão e o respeito aos modos de vida da mãe e da criança e a não dissociação do contexto social e cultural no qual estes estão inseridos são atitudes que permitem o atendimento da criança de forma humanizada e individualizada.

Descritores: Cuidado da Criança, Atenção Primária à Saúde, Enfermagem, Meio ambiente, Estilo de vida.

RESUMEN

Objetivo: Analizar las acciones desarrolladas por los enfermeros durante la consulta relacionadas al contexto de vida y ambiente familiar del niño en la perspectiva de promover su salud. **Método:** Estudio descriptivo cualitativo, realizado en cuatro unidades de salud de la familia de Cuiabá, MT, entre enero y febrero de 2012, con cuatro enfermeros que hacían la consulta al niño de forma programática. Los datos fueron colectados por medio de la observación participante de 21 consultas de enfermaría. Los datos fueron analizados por la análisis de contenido del tipo temática. **Resultados:** Emergieron dos categorías temáticas que revelan que los enfermeros consideran puntualmente algunos elementos del contexto de vida y ambiente familiar del niño durante las consultas. **Conclusión:** La comprensión y el respecto a los modos de vida de la madre y del niño, y la no disociación del contexto social y cultural en cual estos están inseridos, son aptitudes que permiten el atendimiento del niño de forma humanizada y individualizada.

Descriptores: Cuidado del Niño, Atención Primaria de Salud, Enfermería, Ambiente, Estilo de Vida.

INTRODUCTION

The primary health care is the first contact level of individuals, families and communities with health systems, so professionals should act as close as possible the environments in which people live and work.[1] In this perspective, primary care is seen as a privileged locus for the operationalization of health principles promotion, since, as they approach the individual and the family in their environment, professional shifts the focus of attention of the disease and will look to the real individual/family health needs in their life context.[2]

In the field of child health, to develop systematic monitoring of children under five years old in the family health strategy, professionals must plan their actions sustained in connection with the family, co-responsibility, hosting and recognition of the health problems of the population beginning from the knowledge of their reality and their life context.[3]

In this sense to provide health care to the child respecting the principles of primary care and the guidelines for health promotion, nurses need to consider that the child is placed in the family environment and in the community, using for this purpose political and structural support that enables such actions. To do so, he/she needs to know and consider the socio-economic, cultural and environmental context, structure and family relationships, as well as the resources used by the family and what he/she considers health and what plays an important role in the child's life and his/her family well-being and quality requirements.

Thus, the nursing consultation is a time that allows us to know each child individually in their family, social and environmental context and presents itself as a form of defense of child health, enabling the identification of vulnerabilities and the implementation of necessary conducts.[4]

However, despite the policy recommendations for the health care of children in primary care and health strategy precepts of the family (ESF) what is observed in practice is that the activities developed by the professionals are still focused on the biomedical perspective while the knowledge of the health status of individuals and their families facing the context of life is still little explored.[5]

In the context of health promotion, it is relevant to value the context of child and family life specificities, because of their influence upon the health status of individuals. Moreover, the nursing consultation is an appropriate time for the nurse to know and explore these aspects. Thus, this study aimed to analyze the actions performed by nurses during the consultation and to relate the context life and the child's family environment in order to promote health.

METHOD

This is a qualitative approach of exploratory research which conducted secondary analysis of data obtained from the Evaluative Research entitled "Evaluation attention to children in the Primary Health Service of Cuiabá-MT, with emphasis on its organization, care and in nursing practice", developed by the Health Research Group Studies of Child and Adolescent Nursing School of the Federal University of Mato Grosso. The secondary analysis is the use of data from an earlier study to test new assumptions/hypotheses or events to approach new research questions.[6]

The original study database contains information from 21 nursing consultations to children from 0 to two years old, which data were collected in January and February 2012 through participant observation in four health units of Cuiaba Family-MT randomly chosen by drawing contemplating one of each regional health (north, south, east and west) of the municipality.

The observation was carried out by three researchers, which were disposed in the nursing office in strategic locations that would allow the observation of the environment, the nurse, the mother/family member and the child. In general, it

was observed the relationship established between the nurse and the child/mother, anamnesis, physical examination and guidelines and taken conducts.

In each observation, data were recorded in field diaries, one for each researcher, which provided three perspectives of the observed facts. Dialogues consultations were recorded in audio and allowed the talks' seizure of details, the information transmitted, the nurse's relationship with mother/family, voice intonation, among other things. The participants in the original study were four nurses who belonged to the units selected for the survey, and who had the child nursing consultation as a program activity in their unit. The sample was determined by inclusion criteria and analysis of the theoretical saturation process[7]. Thus, the theoretical saturation was reached when data become irrelevant or repetitive. The inclusion criteria for defining the nursing consultations to be observed were: consultations with mothers or relatives of children aged 0 to two years, registered and monitored by the teams of family health units chosen for research.

The pilot project was approved by the Ethics Committee of the Hospital Universitário Júlio Müller (protocol number 129 / CEP-HUJM / 2011) and this subproject was also reviewed and approved by the same committee (protocol number 850 754 / CEP HUJM / 2014). All nurses and mothers were informed about the study objectives and the nature of data collection, who agreed to participate in the study and signed a consent form.

In the present study, data for the 21 nursing consultations of the pilot project search database were used. The dialogues and consultation observations of nurses were analyzed using content analysis method of the thematic type.[8] The identified themes were extracted from the data itself and a process of codification was held, not fixed a priori, that is were based on the data itself. The codification process was conducted by repeated readings of the collected data, identification of significant situations and the regularity with which appeared in the observations, analysis of meanings, elaboration and discussion of the issues. The discussion of the data was based on the conceptual principles of health promotion and in literature produced on the child nursing consultation.

RESULTS AND DISCUSSION

The analysis of nursing consultations generated two thematic units: "life context and family environment: aspects considered by nurses" and "life context and family environment: issues ignored by nurses", which will be presented and discussed below.

1 - Life context and family environment: aspects considered by nurses

In this thematic unit it will be presented some situations in which nurses investigated the environmental, social, economic, community and the resources used by the child's family to define their behavior during the consultation.

Nursing consultations dialogues show some circumstances where nurses evaluated the environmental context in which the child and family live:

Consultation 10 – The mother tells the nurse that the child is showing cold symptoms and the nurse seeks information about the environment in which the family lives and whether it may influence the onset of the disorder:

"Nurse – Is she coughing at night? Is her little nose running?

Mother – Yes, just that.

Nurse – Hmm. So do an aerosol, okay? Is someone near your home making the famous little smoke? Burning something?

Mother – No.

Nurse – No? When she is sleeping, do you put the blower directed to her or not?

Mother – Yes, I do.

Nurse– You do. Let's do this way, put the blower turned to the wall, so it doesn't go direct to her face. This blower is making her being sick, okay?"

Consultation 15 - The nurse notes that the child's sleep pattern is inappropriate for her age and worries whether the place where the family resides provides conditions for the child to have a proper rest:

"Nurse – Do you have your own home or do you live with family or relatives?

Mother – We actually live in his work place. We live there.

Nurse – Is this place noisy? Is it?

Father – No, just who work there is there.

Nurse – Yeah, okay. What time does the movement end in your work?

Father – At 6 p.m.

Nurse – At 6 a.m. it ends, perfect, everything is quiet?

Mother – Quiet.

Nurse – Very nice!"

Study aimed to know the meaning of the nursing consultation in child care for ESF nurses in a city in southern Brazil showed that they recognize the need to analyze the environment in which the child lives and the social and living conditions of the family, since these aspects show how the child is being cared for and if there is need for intervention of the health team.[9]

Given that not all complaints by the children's families in nursing consultations are related to diseases and need a drug therapy, the nurse must assess the environmental conditions in which the child lives, as these can influence and/or determine some life and health situations, and from there, together with the family, propose actions to minimize them or eradicate them.

The infant growth, for example, is influenced by several factors. However, the biomedical model values much more genetic factors, neuroendocrine and illnesses than their environmental determinants. Nevertheless, the extrinsic factors, geophysical conditions, urbanization, socioeconomic status, mother-child interaction, physical activities and diet are also important and should be analyzed by professionals.[10]

To monitor the growth and development of children, professionals/nurses need to act to integrate caregivers and the health team's members for families in actions that allow the exchange of experiences and values the influence of environmental and social factors in determining the health and disease in order to improve the life quality and autonomy of the population and recommend actions to promote health.[11]

The dialogs below highlight the nurses' concern to investigate the social and community resources that the family has access to the child's care:

Consultation 11 - The nurse realizes the need of a more detailed nutritional assessment before indicating complementary feeding for the child and considers whether the daycare she attends has a professional to perform this assessment:

"Nurse – Now tell me how do you feed her. Did you tell me that in her daycare there is a nutritionist?

Mother – I don't know.

Nurse – In what daycare is she at?

Mother – Daycare A.

Nurse – In ours?

Mother – No."

Consultation 10 – The nurse provides guidance on the introduction of vegetables in the children's nutrition and recommends the mother to look for them in a vegetable garden located in the community, which is affordable:

"Nurse – The green leaves contains iron. She needs it now. And downstairs, there is a vegetable garden that oh! That garden is so beautiful! I fell in love with the garden downstairs. Just beautiful and inexpensive leaves! The most beautiful are the best!"

According to the nurses' narratives, the consultation identifies the changes in the child's health and meets individually the aspects involved in the situation and the difficulties experienced by the family in their family, social and environmental context and referral when necessary to other professionals, services and sectors.[4]

To facilitate the understanding of the context in which the child is inserted, the nurse can make use of home visitors. This is a tool that enables knowledge in loco of the real conditions of life and families' health, their habits and the resources they use to prevent and treat diseases. In addition, the visitors allow the development of appropriate guidelines to the family reality, since in many cases the socioeconomic conditions are poor and the resources are scarce for care and basic needs.[3]

It has been observed in some consultations that nurses sought information on the family's socioeconomic conditions to propose certain conduct:

Consultation 6 – When advising the mother about the baby's oral hygiene with mineral water, the nurse asks if it has this feature at home:

"Nurse – Let me give you some guidance regarding oral hygiene, we will start guiding the baby's mouth hygiene. Are you already doing it?

Mother – No.

Nurse – You can already start, okay. Do you have mineral water at home?

Mother – Yes, I do.

Nurse – Then you will get the tissue and will wash and wet with mineral water and do the hygiene of her mouth, okay? Go and put on your finger, but wash your hand before doing it. Her gums, inside and out, tongue, palate, cheek. [...] Then later on you can use the brush and toothpaste, but then I'll advise you when to start. For now can be with tissue even to the hygiene, right?"

Consultation 12 – The nurse prescribed a medication for the child and tells the mother where she can find it:

"Nurse – Take a look here to check it. If you don't find it you don't have to buy because Policlinica has it, okay? Or check if there isn't any in other health post, okay?

Mother – What if there isn't there?

Nurse – There is. Somewhere, you will find it."

To completely assist the child, the nurse needs to know and consider the socio-economic conditions of their families, because only then he/she will implement assistance actions that address the real needs of all family members, especially children.[12]

A research that analyzed the meaning of the nursing consultation in child care for nurses noted that these, when

faced with financial difficulties experienced by children/families, were sad to recognize that family health goals are not always met due to lack of social conditions and scarce financial resources. Nurses also reported that in some cases, they even failed to prioritize other planned assistance activities to seek financial resources to meet the needs of families.[13]

These results reaffirm the importance that family socioeconomic conditions have in the life and health of children. Thus, the nurse should not base their actions and guidelines in an idealized conception of what it is expected for the child and what it is considered to be necessary for she/he, but should seek information about the family/children life context (socioeconomic, cultural and environmental) instead and value them for their conduct.

2 - Life context and family environment: issues ignored by nurses

In this thematic unit there are some clippings of consultations in the context of family/child's lives (social, cultural and economic) that has not been evaluated by the nurse.

We have observed in several consultations, especially regarding breastfeeding, that nurses did not ponder on the breastfeeding women's life context and tried to impose its guidelines, which most often was to maintain exclusive breastfeeding, regardless of the difficulties brought by them:

Consultation 1 - The mother tells the nurse that is struggling to breastfeed every time the baby complains, because she has many household chores and other children to look after. The nurse hears the difficulties, but do not seek to help the mother:

"Mother – He sucks like this, if I let him sucks only in the breast he will be only in the breast, he will be the whole day in the breast.

Nurse – No problem, what do you do? Does he bother you by doing anything?

Mother – He does and a lot, I have many things to do at home.

Nurse – It's like this, every hour, from hour to hour, every two hours, every three hours? How is it?

Mother – Every three hours.

Nurse – Every three hours is normal for a child to breastfeed.

Mother – But, when I give him the bottle [...]

Nurse – [mother's sentence continues] He sleeps, then he gets full, with the belly very full and starts to sleep, then the interval is a little larger?

Mother – Yes. When he sucks only in the breast he wakes up every hour.

Nurse – I don't see this as a problem. Our desire is that the child breastfeeds up to two years [nurse ends the conversation and starts other questions]."

Consultation 14 - The mother is depressed and very slim. During the anamnesis she says that she has six children (a baby and five teenagers) and will soon start working. When asked if she was exclusively breastfeeding she says that sometimes offers NAN® milk to the baby. The nurse guides her superficially about breast milk and says to use a glass instead of a bottle. The mother seems to agree, but tries to justify and the nurse does not seem to listen to her arguments and the mother is only technical guided, without considering the situation and the difficulties presented by the mother:

"Mother – Some days, I believe that my milk does not support him enough. Because he nurses, nurses, nurses, nurses [...] So then I do an experience. I give a bottle of NAN 1® milk and then he sleeps.

Nurse – Have you heard about scientific research? Have you heard?

Mother – Yes, I have.

Nurse – Okay. When you do scientific research, it comes to an assessment and verification.

Mother – Okay.

Nurse – Scientific. Not ah! Joe has said that, or experienced so. No. It's something that is really proven. Scientifically there is no weak milk, there is no weak milk. The milk coming out of you, of your breasts, the channels of the breasts, is the proper milk with E-V-E-R-Y nutrients and important substances to nourish, to feed the baby. You do not have it [refers to weak milk]. The baby should be breast-fed only with breast milk up to 6 months.

Mother – Okay.

Nurse – He will breastfeed more often, giving the impression you have that the milk is not enough to him because he is nursing several times. But why is he nursing several times? Because that is the only food for him, that is it.

Mother – Yes."

A research that sought to seize subjective aspects related to the establishment and maintenance period of exclusive breastfeeding pointed out that the team that said that "milk is not weak" failed to grasp the real difficulties that the mother is facing and who by the way does not knew how to formulate clearly, since the woman is not aware of the dynamics and ambivalence that she lives in the moment.[14]

Breastfeeding involves many aspects of women's lives, their life and work conditions from past experience, from the cultural history and also the understanding the society

has about breastfeeding. Therefore, it is considered a very complex task and a challenge to the health professional that aims to assist women to establish and maintain this practice.[14]

Therefore, health professionals need to have a broader understanding of the breastfeeding practice that goes beyond the biological boundaries. Therefore, it should be recognized the particularity of the socio-cultural and psycho-social reality of postpartum women to support them and seek strategies that recognize women's space and that valorize as a subject of law and owner of her body.

It must also consider that the decisions taken by people are supported in legitimate needs and according to their life contexts. The professional must seek to understand what are those needs and if they are in some way reconciled with the health professionals' one and vice versa. Only after the seizure of needs it is possible to present alternatives and reflect what the best way is or if there would be other options.[15]

Regarding the cultural context of the mother/family, it was observed that most of the times nurses disregarded what mothers reported and did not try to integrate scientific expertise with cultural knowledge brought by them:

Consultation 8 – The nurse when removing the newborn's diaper to carry out the physical examination showed that it was with an umbilical band. He argues against the use of it and removes it without at least hearing the mother and aunt justifications:

"Nurse – This here [referring to the band] is not necessary, okay?

Aunt – Is it necessary?

Nurse – She stifles the navel, right? The diaper baby will protect it, right? Do not use more band. Here you keep using alcohol, cleaning with a cotton swab, this will make heal faster the navel right? It is opened, but the trend is to heal using the diaper baby, you understand? [Demonstrates how the disposable diaper will protect the umbilical scar]. No need that yeah, I'll put here, and then you get later [talks about the band that pulled out the child and left on the stretcher]."

Consultation 1 – The child is breastfeeding and the nurse asks the mother if she is offering water and tea for the child. The mother says that she is giving water because her mother advised. The nurse ignores the cultural influence of the grandmother and overestimates the recommendations:

"Nurse – Water, tea?

Mother – Only water, because it says the child may become thirsty [...]

Nurse – [The nurse interrupts the speech of the mother and talks with an authoritative voice] He is not thirsty! Who told you that?

Mother – My mother.

Nurse – Ah, your mother told you that. What did I tell you?

Mother – No.

Nurse – What did I tell you?

Mother – Is when he is taking the bottle [...]

Nurse – [The nurse interrupts the mother again] What do you fill the bottle with? With water, isn't it?

Mother – Yes.

Nurse – Breast milk is almost 70% or more of water, so the child does not feel thirsty."

The use of water in intervals of breastfeeding is culturally accepted in Cuiabá, Mato Grosso, due to the extremely hot weather. However, in this particular situation, the professional cannot ignore that the mother brings cultural influence in child care, but should seek to integrate the popular knowledge to scientific knowledge to avoid nonadherence to the proposed care.

The culture of the assisted population must be valued during the child nursing consultation, as there are judgments and practices that run through several generations. It is therefore essential that professionals know the beliefs and popular practices related to health-disease process of the enrolled population to familiarize and learn to deal with the cultural value of each individual by aggregating to care scientific knowledge and cultural habits.[16] By aggregating the cultural tradition to scientific knowledge, the knowledge brought by the user are valued, facilitating the communication process and also the seizure of completed guidelines.

A study aimed to identify and describe the practice of home visits of nurses to postpartum and newborn in the ESF identified the interference of popular knowledge of family on mothers, as well as taboos, beliefs and myths in child care. Therefore, it is necessary for nurses to get hold of this information and combines what it is possible to scientific knowledge for the participation of the family in care and to make the clarification of doubts that may arise.[17]

Thus, it is important that the nurse in his/her care develop actions to the cultural context of the population, and values the determinants and conditions that indicate the vulnerability of population groups.[18]

When the nurse gives value to cultural beliefs and to values of families, he/she ensures the success of the guidelines made, because when seeing that their knowledge, experience and life values are respected, it is built a relationship of trust and exchange with the professional, that can assist in understanding and solving the child's health needs.

Another aspect that needs to be evaluated during the nursing consultation in relation to the family context is the question of socioeconomic situation, as this can influence the child care. However, we note that some consultations

guidelines were made without considering the financial situation of the family:

Consultation 11 – The nurse evaluates the child and notes that after weaning and food introduction when the child was six months old, the infant remained underweight for their age. After this evaluation, he/she recommends the use of a dietary supplement, which is not provided for free in the health service. In no time she asks the mother if she could afford to buy the product.

"Nurse – […] Do you need to check to see if she's undernourished, okay? Did not I give you guidance that day about supplementation, about Nutrifan®?

Mother – Hum, is that a little biscuit?

Nurse – No, no. I'll give you the prescription to see if we regain her weight.

Mother – Okay."

Consultation 5 – During the guidance the nurse recommends consumption of various fruits by the child but does not ask the mother if she is able to acquire them:

"Nurse – [...] And the fruits? The important thing is that every day he eats fruits, the recommendation is at least three daily fruits [...] Two baby foods, two fruits, but it can be juice, no problem. But the recommended are three fruits. He will not eat the whole fruit it will be a piece of banana, an orange bud, can be tangerine, okay? Fruit do not fattening, he can eat fruit according to his own free will.

Mother – Okay."

Consultation 20 – The mother tells the nurse that the child is experiencing constipation and he direct to her offer fruit and fiber to the baby without asking if she has these foods at home:

"Nurse – You have to check her nutrition, okay. Every three days, children have these variants, but the ideal is to do every day [talk about intestinal habits].

Mother – Everyday?

Nurse – Yes! And how can you help her make her bowels work to better? With food, fruit, papaya, plum, plenty of fluids and fiber. What is fiber? Vegetables have fiber, rice, okay? Does she eat beans every day?"

The practice of the nurse should be developed according to the socioeconomic and cultural context of each child / family. In this sense, whenever the family seeks the health unity they must receive consistent guidance to their level of understanding and it must be focused on the context in which they live, both social and cultural.

A study aimed to understand the perceptions of nurses about the influence of socioeconomic vulnerabilities in the care of children and their families in pediatric inpatient units of a university hospital in the city of Porto Alegre concluded that it is of fundamental importance that nurses recognize the scenario of socio-economic vulnerabilities that affect families of children in situations of illness, because only thus he/she can conduct a comprehensive care and meets the real needs of these individuals.[12]

The vulnerability is intrinsic to human lives, as every individual is subject to damage. In addition to the vulnerabilities, some people are affected by unfavorable conditions (education, poverty, geographical difficulties, chronic illness or other misfortunes), which makes them more exposed to loss of capacity or freedom, reducing access and choice of essential goods for their lives.[19] Therefore, to meet and talk with the family about the vulnerabilities and the conditions they live in is essential for health measures suited to the reality of life of these individuals.

To plan and implement a comprehensive child care, it is necessary to know the family reality and each particular child's realities (context, structure, relationships, educational and socio-cultural conditions, special health needs and resources used), in addition to recognizing the factors causing vulnerabilities.[12]

A survey to evaluate the satisfaction of users as the attention given to the child in the primary care network in Cuiaba, MT, also reinforced that question by showing that some aspects are just covered in child care, including the socio-economic context of the family, signaling that the children/families are not completely assisted in their living conditions and health.[20]

One of the foundations of the National Policy of Primary Care is the relationship of bond and responsibility between the teams and the population, allowing the continuity of health actions and longitudinally care.[21] However, it was observed that in many consultations nurses were unaware of key aspects of the environment experienced by these families, which indicates weakness in the bond between the professional and mothers/family. Moreover, in some of the analyzed consultations it was the first time that the child was looking for a heath unity and this aspect was not investigated. Even if the nurse had ties and family knowledge of reality, it is interesting that in proposing an intervention she/he asks individuals if the conditions they experience at the time allow them do it.

To promote health, it is of fundamental importance that the professionals of health services in their practice understand and expand their health process vision disease in order to identify vulnerabilities and health needs of the child and family based on their life context.

Health promotion practices have been considered as a rupture of the biomedical paradigm of the new intervention form in the health field, which is part of a larger view, complex and positive health, and considers economic, social,

and political dimensions in the health and disease production in the community.[22]

CONCLUSION

It was observed that nurses occasionally saw some context elements of life and the child's family environment during consultations, but on the other hand they did not address aspects of the culture and the economic situation of the family.

It is necessary for nurses to integrate in routine consultations knowledge and the appreciation of the context of life (environmental, social, cultural, economic and community) family/child, mediated by a bond of respect and trust, enabling guidelines and taken behaviors to contemplate the real needs of these individuals and the continuity of actions and longitudinally care. In addition, understanding and respecting the mother's and children's ways of life and do not dissociate the social and cultural context in which they are inserted are attitudes that allow the humanized and individualized child care, allowing also the implementation of actions to promote their health.

The results presented here are part of a specific reality, thus it is believed that the subject of this study in other situations can provide input for the practice of child health promotion.

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